

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: MEASUREMENT SYSTEM AND  
METHOD FOR USE IN DETERMINING  
THE PATIENT'S CONDITION  
ROGERS2  
Attorney Docket Number::  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 10  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity

Given Name:: Steven  
Middle Name:: R.  
Family Name:: ROGERS  
Name Suffix::  
City of Residence:: Moshav Beit Gamliel  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 49 Moshav Beit Gamliel, D.N. Emek Sorek  
City of Mailing Address:: Moshav Beit Gamliel  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 76880  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Allon  
Middle Name::  
Family Name:: LEIBOVITZ  
Name Suffix::  
City of Residence:: Shoham  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 17 Emek Ayalon Street  
City of Mailing Address:: Shoham  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 73142  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Menashe  
Middle Name::  
Family Name:: SHAHAR

Name Suffix::

City of Residence:: Korazim

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: Drom Hagolan

City of Mailing Address:: Korazim

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 12391

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Eliezer

Middle Name::

Family Name:: DESHEN

Name Suffix::

City of Residence:: Moshav Beit Gamliel

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 104 Moshav Beit Gamliel, D.N. Emek Sorek

City of Mailing Address:: Moshav Beit Gamliel

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 76880

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Yossi

Middle Name::

Family Name:: SHECHTER

Name Suffix::

City of Residence:: Holon

Country of Residence:: Israel  
Street of Mailing Address:: 37 Mohaliver Street  
City of Mailing Address:: Holon  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 58348

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

| Application::    | Continuity Type::                       | Parent          | Parent Filing |
|------------------|---|-----------------|---------------|
| This Application | National Stage of                       | Application::   | Date::        |
| PCT/IL04/001064  | Appln claiming benefit of 35 USC 119(e) | PCT/IL04/001064 | 11-18-04      |
|                  |   | 60/520,672      | 11-18-03      |

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: CHAMELEON MEDICAL INNOVATION LTD.  
Street of Mailing Address:: 2 Hamelacha St.  
City of Mailing Address:: Lod  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 71520